

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) HARRY T. COLLINS 156625
(Name of Plaintiff) (Inmate Number)

P.O. Box 9561 Wilmington De. 19809
(Complete Address with zip code)

(2) _____
(Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) Warden Raphael Williams HRCF
(2) Correctional Medical Systems ETAL
(3) Linda Hunter Medical Director C.M.S.
(Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

Yes: 1998. NO MEMORY OF CASE
NUMBER OR JUDGE. CASE WAS DISMISSED
WHEN MOVED FROM STATE TO FEDERAL CUSTODY.

05-624 SLR
(Case Number)
(to be assigned by U.S. District Court)

CIVIL COMPLAINT

• • Jury Trial Requested



II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? • Yes • • No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • Yes • • No
- C. If your answer to "B" is Yes:
1. What steps did you take? Three Sick Call slips And
two Grievances.
 2. What was the result? no Result; problem Unresolved
- D. If your answer to "B" is No, explain why not: N/A
N/A

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: Raphael Williams, Warden
Employed as Warden at H.R.Y.C.I
Mailing address with zip code: P.O. Box 9561
Wilmington, Delaware 19809
- (2) Name of second defendant: Correctional Medical Systems ETC
Employed as Medical provider at H.R.Y.C.I
Mailing address with zip code: P.O. Box 9561
Wilmington, Delaware 19809
- (3) Name of third defendant: Linda Hunter
Employed as Medical Supervisor at H.R.Y.C.I
Mailing address with zip code: P.O. Box 9561
Wilmington Delaware 19809
(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. I have chronic osteo arthritis, Gallstone trouble, back trouble And Hepatitis C. I am in constant pain. I have put in sick call slips to see doctor for treatment for pain, for better bunk status, and to be allowed a foam overlay for my mattress. All this has
2. been refused and I remain in pain all hours of the day. I also have mental problems and the pain aggravates this to the extent I am almost immobilized. All attempts to have this matter resolved here at the
3. Prison have been unanswered with indifference and disrespect. I have notified each defendant of this problem and they have not responded.

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I petition the Court for proper treatment for my illness.

2. For the Department of Corrections
And Correctional Medical Systems ETAL
to pay for the Filing Fees of this
Case, plus pay any punitive Amount
the Court may deem appropriate
3. _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 20th day of September, 2005.


(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

Harry T. Collins 156625
P.O. Box 9561
Wilmington, DE 19809



United States District Court
844 N. King St. Lockbox 18
Wilmington, Delaware 19801-3570

